

VABCCEDP ALLOWABLE PROCEDURES AND RELEVANT CPT CODES AND FEES

Effective 1/1/2022-12/31/2022

The 2022 Medicare rates for procedures approved by the Every Woman's Life (EWL) program are listed in the table below. Authorized EWL providers may use these rates to negotiate breast and cervical screening and diagnostic services with their contractors. For some procedures, there is a "global" fee listed as well as a technical component (TC = staff and equipment) and 26 modifier fee (professional component). In all cases, the global fee is a sum of the TC and 26 modifier. Providers may not reimburse contractors over the global fee amount. Providers may choose to split the fees between different contractors or pay one contractor the entire amount. For example, the global fee for CPT code 77067 (screening mammography, bilateral, Virginia) is \$131.84. The TC is \$95.00 and the 26 modifier is \$36.84. Providers may choose to pay the full Medicare reimbursement amount of \$131.84 to a single contractor or split the fee into two components, and pay the TC (\$95.00) to one contractor, and the 26 modifier (\$36.84) to another contractor. In either case, one or both contractors should not receive more than the global fee amount.

Non-Facility and Facility fees are provided for some CPT codes. The non-facility rate is the payment rate for services performed in the office or other non-facility setting. The facility rate is the payment rate for services performed in the hospital setting.

When questions arise regarding the appropriateness to render and/or reimburse a procedure not listed in the document, the EWL provider site should first consider the clinical necessity and justification for the request. If unable to determine, the EWL program coordinator or case manager should contact the state office for guidance. The use of procedures not listed in this document should be a minimal exception and not the rule.

EWL funds can be used to reimburse for screening breast MRI performed in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as Tyrer Cuzick that are largely dependent on family history. Breast MRI can also be reimbursed when used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed by EWL to assess the extent of disease in women who have already been diagnosed with breast cancer. Providers should discuss risk factors with all clients to determine if she is at high risk for breast cancer. To be most effective, it is critical that breast MRI is done at facilities with dedicated breast MRI equipment and that can perform MRI-guided breast biopsies. **Providers must consult with the state office before approving the use of breast MRI, provide a copy of the Tyrer-Cuzick assessment, and electronically submit a clinical synopsis of the request.**

OFFICE VISITS	CPT CODE	VA Fee	DC FEE*	End Note
New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes (non-facility)	99202	\$73.54	\$85.86	
New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes (facility)	99202	\$49.10	\$55.49	
New patient; medically appropriate history/exam; low level decision making; 30-44 minutes (non-facility)	99203	\$112.99	\$130.99	
New patient; medically appropriate history/exam; low level decision making; 30-44 minutes (facility)	99203	\$83.72	\$94.63	
New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes (non-facility)	99204	\$168.36	\$193.70	1
New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes (facility)	99204	\$135.65	\$153.06	
New patient; medically appropriate history/exam; high level decision making; 60-74 minutes (non-facility)	99205	\$222.65	\$255.77	1
New patient; medically appropriate history/exam; high level decision making; 60-74 minutes (facility)	99205	\$184.08	\$207.86	
Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal (non-facility)	99211	\$23.41	\$27.97	
Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal (facility)	99211	\$8.95	\$10.01	

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Established patient; medically appropriate history/exam;; straightforward decision making; 10-19 minutes (non-facility)	99212	\$57.04	\$66.74	
Established patient; medically appropriate history/exam;; straightforward decision making; 10-19 minutes (facility)	99212	\$36.38	\$41.07	
Established patient; medically appropriate history/exam; low level decision making; 20-29 minutes (non-facility)	99213	\$91.48	\$105.79	
Established patient; medically appropriate history/exam; low level decision making; 20-29 minutes (facility)	99213	\$67.03	\$75.42	
Established patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes (non-facility)	99214	\$129.05	\$148.55	
Established patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes (facility)	99214	\$98.40	\$110.48	
BREAST	CPT CODE	VA FEE	DC FEE*	End Note
Diagnostic mammography, unilateral, includes CAD	77065	\$129.44	155.83	
	77065 TC	\$90.18	112.09	
	77065 26	\$39.26	\$43.74	
Diagnostic mammography, bilateral, includes CAD	77066	\$163.53	\$197.00	
	77066 TC	\$114.97	\$142.88	
	77066 26	\$48.55	\$54.11	
Screening mammography, bilateral	77067	\$131.84	\$159.14	
	77067 TC	\$95.00	\$118.07	
	77067 26	\$36.84	\$41.06	
Screening digital breast tomosynthesis, bilateral	77063	\$53.68	\$63.03	2
	77063 TC	\$24.10	\$29.94	
	77063 26	\$29.58	\$33.09	
Diagnostic digital breast Tomosynthesis, unilateral or bilateral	G0279	\$53.68	\$63.03	3
	G0279 TC	\$24.10	\$29.94	
	G0279 26	\$29.58	\$33.09	
Radiological examination, surgical specimen	76098	\$41.62	\$49.86	
	76098 TC	\$26.14	\$32.53	
	76098 26	\$15.48	\$17.34	
Mammary ductogram or galactogram, single duct	77053	\$54.71	\$65.80	
	77053 TC	\$37.15	\$46.22	
	77053 26	\$17.56	\$19.59	
Magnetic resonance imaging (MRI), breast, without contrast, unilateral	77046	\$230.96	\$278.08	4
	77046 TC	\$160.39	\$199.36	
	77046 26	\$70.57	\$78.71	
Magnetic resonance imaging (MRI), breast, without contrast, bilateral	77047	\$237.18	\$284.83	4
	77047 TC	\$159.70	\$198.51	
	77047 26	\$77.48	\$86.32	
Magnetic Resonance Imaging, breast, including CAD, with and/or without contrast, unilateral	77048	\$365.64	\$441.27	4
	77048 TC	\$264.03	\$328.11	
	77048 26	\$101.60	\$113.16	
Magnetic Resonance Imaging, breast, including CAD, with and/or without contrast, bilateral	77049	\$373.21	\$449.44	4
	77049 TC	\$261.97	\$325.54	
	77049 26	\$111.24	\$123.89	
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$106.70	\$128.10	
	76641 TC	\$71.24	\$88.56	
	76641 26	\$35.46	\$39.54	
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$87.41	\$104.46	
	76642 TC	\$54.37	\$67.60	
	76642 26	\$33.04	\$36.86	
Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	76942	\$59.17	\$69.45	
	76942 TC	\$28.20	\$35.09	
	76942 26	\$30.97	\$34.36	

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Puncture aspiration of cyst of breast (non-facility)	19000	\$105.86	\$126.65	
Puncture aspiration of cyst of breast (facility fee)	19000	\$42.85	\$48.38	
Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i> (non-facility fee)	19001	\$27.11	\$31.25	
Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i> (facility fee)	19001	\$21.25	\$23.97	
Breast biopsy; percutaneous, needle core, not using imaging guidance (non-facility fee)	19100	\$159.28	\$191.52	
Breast biopsy; percutaneous, needle core, not using imaging guidance (facility fee)	19100	\$70.10	\$80.74	
Biopsy of Breast; open, incisional (non-facility)	19101	\$342.28	\$408.93	
Biopsy of Breast; open, incisional (facility)	19101	\$227.96	\$266.93	
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions (non-facility)	19120	\$531.27	\$630.28	
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions (facility)	19120	\$424.18	\$497.26	
Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion (non-facility)	19125	\$585.71	\$694.33	
Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion (facility)	19125	\$470.36	\$551.04	
Excision of breast lesion identified by preoperative placement of radiological marker, open; <i>each additional lesion separately identified by a preoperative radiological marker</i>	19126	\$162.28	\$187.04	
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion (non-facility)	19081	\$527.65	\$636.08	5
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion (facility)	19081	\$165.07	\$185.68	
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion (non-facility)	19082	\$413.60	\$504.08	5
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion (facility)	19082	\$83.04	\$93.46	
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion (non-facility)	19083	\$534.20	\$645.39	5
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion (facility)	19083	\$155.78	\$175.31	

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Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion (non-facility)	19084	\$409.20	\$499.09	5
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion (facility)	19084	\$77.27	\$86.76	
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion (non-facility)	19085	\$821.50	\$998.69	5
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion (facility)	19085	\$180.70	\$202.68	
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion (non-facility)	19086	\$640.99	\$785.26	5
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion (facility)	19086	\$90.06	\$100.88	
Placement of breast localization device, percutaneous; mammographic guidance; first lesion (non-facility)	19281	\$246.62	\$294.45	6
Placement of breast localization device, percutaneous; mammographic guidance; first lesion (facility)	19281	\$99.59	\$111.81	
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion (non-facility)	19282	\$175.82	\$212.45	6
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion (facility)	19282	\$49.80	\$55.90	
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion (non-facility)	19283	\$268.94	\$322.29	6
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion (facility)	19283	\$100.21	\$112.70	
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion (non-facility)	19284	\$201.23	\$244.15	6
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion (facility)	19284	\$50.42	\$56.80	
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion (non-facility)	19285	\$394.67	\$480.24	6
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion (facility)	19285	\$85.11	\$95.71	
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion (non-facility)	19286	\$325.92	\$399.89	6
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion (facility)	19286	\$42.88	\$48.29	
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion (non-facility)	19287	\$683.23	\$833.41	6
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion (facility)	19287	\$126.44	\$141.77	

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Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion (non-facility)	19288	\$531.15	\$652.15	6
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion (facility)	19288	\$63.55	\$71.29	
Fine needle aspiration biopsy without imaging guidance, first lesion (non-facility)	10021	\$103.76	\$122.93	
Fine needle aspiration biopsy without imaging guidance, first lesion (facility)	10021	\$54.86	\$62.19	
Fine needle aspiration biopsy without imaging guidance, each additional lesion (non-facility)	10004	\$51.76	\$59.77	
Fine needle aspiration biopsy without imaging guidance, each additional lesion (facility)	10004	\$43.15	\$49.08	
Fine needle aspiration biopsy including ultrasound guidance, first lesion (non-facility)	10005	\$141.20	\$166.94	
Fine needle aspiration biopsy including ultrasound guidance, first lesion (facility)	10005	\$74.40	\$83.96	
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion (non-facility)	10006	\$61.12	\$70.04	
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion (facility)	10006	\$50.79	\$57.21	
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion (non-facility)	10007	\$310.22	\$374.82	
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion (facility)	10007	\$91.57	\$103.21	
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion (non-facility)	10008	\$169.24	\$203.23	
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion (facility)	10008	\$57.68	\$64.65	
Fine needle aspiration biopsy including CT guidance, first lesion (non-facility) *can also be used for MRI guidance	10009	\$466.90	\$566.64	
Fine needle aspiration biopsy including CT guidance, first lesion (facility) *can also be used for MRI guidance	10009	\$111.55	\$125.22	
Fine needle aspiration biopsy including CT guidance, each additional lesion (non-facility) *can also be used for MRI	10010	\$273.90	\$330.36	
Fine needle aspiration biopsy including CT guidance, each additional lesion (facility) *can also be used for MRI guidance	10010	\$80.04	\$89.55	
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	88172	\$54.80	\$63.70	
	88172 TC	\$19.59	\$24.40	
	88172 26	\$35.21	\$39.30	
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each <u>separate additional evaluation episode</u>	88177	\$28.96	\$33.30	
	88177 TC	\$7.23	\$8.98	
	88177 26	\$21.73	\$24.32	
Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	88173	\$158.71	\$188.59	
	88173 TC	\$88.70	\$110.44	
	88173 26	\$70.00	\$78.16	
Breast surgical pathology, gross and microscopic examination	88305	\$71.68	\$84.28	
	88305 TC	\$34.40	\$42.79	
	88305 26	\$37.28	\$41.49	
Breast, excision of lesion-surgical pathology, gross and microscopic examination requiring microscopic evaluation of <u>surgical margins</u>	88307	\$289.24	\$349.44	
	88307 TC	\$207.15	\$257.58	
	88307 26	\$82.09	\$91.87	

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Morphometric analysis, tumor immunohistochemistry, per specimen, manual;	88360	\$121.97	\$146.10	
	88360 TC	\$80.54	\$100.11	
	88360 26	\$41.43	\$45.99	
Morphometric analysis, tumor immunohistochemistry, per specimen, using computer-assisted technology;	88361	\$121.65	\$145.05	
	88361 TC	\$78.13	\$97.12	
	88361 26	\$43.52	\$47.93	
In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure	88365	\$181.82	\$220.38	
	88365 TC	\$138.35	\$171.99	
	88365 26	\$43.47	\$48.39	
In situ hybridization (eg,FISH), per specimen; each additional single probe stain procedure	88364	\$139.51	\$168.86	
	88364 TC	\$105.33	\$130.91	
	88364 26	\$34.18	\$37.96	
In situ hybridization (eg,FISH), per specimen; each multiplex probe stain procedure	88366	\$288.28	\$350.28	
	88366 TC	\$226.50	\$281.49	
	88366 26	\$61.78	\$68.79	
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	88367	\$114.38	\$137.45	
	88367 TC	\$80.88	\$100.54	
	88367 26	\$33.49	\$36.91	
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	88373	\$69.97	\$83.20	
	88373 TC	\$44.42	\$55.18	
	88373 26	\$25.55	\$28.02	
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	88374	\$330.31	\$404.38	
	88374 TC	\$287.14	\$356.75	
	88374 26	\$43.17	\$47.63	
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	88368	\$137.44	\$165.18	
	88368 TC	\$96.35	\$119.81	
	88368 26	\$41.09	\$45.38	
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	88369	\$116.44	\$140.20	
	88369 TC	\$84.33	\$104.81	
	88369 26	\$32.11	\$35.39	
Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	88377	\$409.86	\$500.26	
	88377 TC	\$346.33	\$430.34	
	88377 26	\$63.53	\$69.93	
CERVICAL	CPT CODE	VA FEE	DC FEE*	End Note
Screening				
Cytopathology (conventional Pap test), requiring MD	88141	\$22.39	\$26.19	
Cytopathology (Liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	\$20.26	\$20.26	
Cytopathology (conventional Pap test), reported in Bethesda System, manual screening under physician supervision	88164	\$15.92	\$15.92	
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	\$42.22	\$42.22	
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	\$23.04	\$23.04	
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	\$25.37	\$25.37	
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	88175	\$26.61	\$26.61	

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Human Papillomavirus, high-risk types	87624	\$35.09	\$35.09	7
Human Papillomavirus, types 16 and 18 only	87625	\$40.55	\$40.55	7
<i>Diagnostic</i>				
Colposcopy without biopsy (surgical procedure only) (non-facility)	57452	\$129.95	\$153.14	
Colposcopy without biopsy (surgical procedure only) (facility)	57452	\$91.38	\$105.24	
Colposcopy with biopsy of the cervix and endocervical curettage (non-facility)	57454	\$173.66	\$202.97	
Colposcopy with biopsy of the cervix and endocervical curettage (facility)	57454	\$135.09	\$155.06	
Colposcopy of the cervix with biopsy (non-facility)	57455	\$165.92	\$195.13	
Colposcopy of the cervix with biopsy (facility)	57455	\$109.79	\$125.41	
Colposcopy of the cervix with endocervical curettage (non-facility)	57456	\$155.66	\$183.12	
Colposcopy of the cervix with endocervical curettage (facility)	57456	\$101.95	\$116.39	
Endoscopy with loop electrode biopsy(s) of the cervix (non-facility)	57460	\$328.52	\$392.40	8
Endoscopy with loop electrode biopsy(s) of the cervix (facility)	57460	\$160.14	\$183.24	
Endoscopy with loop electrode conization of the cervix (non-facility)	57461	\$366.44	\$436.34	8
Endoscopy with loop electrode conization of the cervix (facility)	57461	\$185.67	\$211.78	
Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) (non-facility)	57500	\$161.37	\$193.88	
Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) (facility)	57500	\$75.63	\$87.37	
Excision, endocervical curettage (not done as part of a dilation and curettage) (non-facility)	57505	\$161.70	\$194.37	
Excision, endocervical curettage (not done as part of a dilation and curettage) (facility)	57505	\$112.12	\$132.77	
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser (non-facility)	57520	\$363.81	\$429.26	8
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser (facility)	57520	\$302.17	\$352.70	
Loop electrode excision procedure (non-facility)	57522	\$312.63	\$368.18	8
Loop electrode excision procedure (facility)	57522	\$260.29	\$303.17	
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) (non-facility)	58100	\$105.24	\$124.09	
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) (facility)	58100	\$64.27	\$73.19	

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Endometrial sampling (biopsy) performed in conjunction with colposcopy (non-facility)	58110	\$50.69	\$58.70	
Endometrial sampling (biopsy) performed in conjunction with colposcopy (facility)	58110	\$40.70	\$46.29	
Cervical surgical pathology, gross and microscopic examination	88305	\$71.68	\$84.28	
	88305 TC	\$34.40	\$42.79	
	88305 26	\$37.28	\$41.49	
Cervical surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins;	88307	\$289.24	\$349.44	
	88307 TC	\$207.15	\$257.58	
	88307 26	\$82.09	\$91.87	
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	\$103.06	\$120.46	
	88331 TC	\$41.29	\$51.35	
	88331 26	\$61.77	\$69.11	
Pathology consultation during surgery, first tissue block, with frozen section(s), each additional specimen	88332	\$54.78	\$64.33	
	88332 TC	\$24.41	\$30.39	
	88332 26	\$30.37	\$33.94	
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	\$101.98	\$122.24	
	88342 TC	\$67.46	\$83.86	
	88342 26	\$34.52	\$38.38	
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	\$89.24	\$107.28	
	88341 TC	\$61.29	\$76.14	
	88341 26	\$27.95	\$31.14	
CONSCIOUS SEDATION ANESTHESIA	CPT CODE	VA FEE	DC FEE*	End Note
Anesthesia for procedures on the integumentary system, anterior 10-22 minutes for individuals 5 years or older	00400	\$21.41	\$23.68	9
For each additional 15 minutes	99156	\$76.46	\$85.35	
	99157	\$62.51	\$70.20	10
PRE-OPERATIVE PROCEDURES AND SUPPLIES	CPT CODE	VA FEE	DC FEE*	End Note
Venipuncture	36415	\$3.00	\$3.00	11
BMP	80048	\$8.46	\$8.46	11
CBC	85025	\$7.77	\$7.77	11
PTT	85610	\$4.29	\$4.29	11
Blood type	86900	\$2.99	\$2.99	11
Urinalysis, collection	P9615	\$3.00	\$3.00	11
Urinalysis, dipstick	81000	\$4.02	\$4.02	11
Pregnancy test (hCG quantitative)	84702	\$15.05	\$15.05	11
Pregnancy test (Beta hCG quantitative)	84704	\$15.29	\$15.29	11
EKG: Tracing, interpretation, and report	93000	\$14.42	\$16.93	11
Chest X-ray: 2view	71046	\$34.40	\$41.43	11
	71046 TC	\$23.72	\$29.53	11
	71046 26	\$10.68	\$11.89	11
<i>*DC localities includes the Virginia counties of Fairfax and Arlington, and the City of Alexandria.</i>				
PROCEDURES NOT ALLOWABLE				
1. Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer				
2. Breast Tomosynthesis (77061, 77062) These have not been approved for coverage by Medicare.				
3. Human Papillomavirus, low-risk types (87623)				

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Effective 1/1/2022-12/31/2022

End Notes				
(1) All consultations should be billed through the standard “new patient” office visit CPT codes: 99201-99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204-99205) are typically not appropriate for EWL screening visits, but may be used when the provider spends extra time to do a detailed risk assessment.				
(2) List separately in addition to code for primary procedure 77067.				
(3) List separately in addition to 77065 or 77066.				
(4) Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as Tyrer Cuzick that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a woman who is already diagnosed with breast cancer. All requests for Breast MRI must be submitted and reviewed by the State Office prior to <u>authorizing</u> .				
(5) Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.				
(6) Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.				
(7) HPV DNA Testing is not a reimbursable procedure if used as an adjunctive screenig test to the Pap for women under 30 years of age.				
(8) A LEEP or Conization of the cervix, as a diagnostic procedure, may be reimbursed based on ASCCP recommendations. The State office will closely monitor these procedures when performed. If the need arises or misuse of the procedure is noted, the State office may require provider sites to pre-authorize this service prior to receiving reimbursement. A LEEP is <u>never</u> reimbursable with EWL funds when rendered as treatment. A client must be covered by the BCCPTA or another funding source when performed as treatment.				
(9) The amount listed is the conversion factors to be used in the calculation of anesthesia payment, not the total payment amount. In addition, 3 anesthesia base units should be used to compute allowable amounts for anesthesia services pertaining to CPT Code 00400. This code correlates to general anesthesia required for procedures involving the chest wall, integumentary system on the extremities, anterior trunk, and perineum not otherwise specified. This code is inclusive for anesthesia fees involving pre & postop visits, anesthesia delivery, giving fluids and/or blood needed during a procedure and monitoring. This code may be billed with any operative procedure meeting the clinical necessity for anesthesia. https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center				
(10) Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure is less than 10 minutes.				
(11) The list of approved pre-operative procedures included is not comprehensive and serves as an example of pre-operative procedures that may be necessary. Any pre-operative tests deemed medically necessary for the planned procedure are reimbursable using EWL funds.				
Source: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Carrier-Specific-Files.html (1/5/2022)				